-	L	- STATE REGISTRAR		RETAIL OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	
-	(IV	ECEASED NAME FIRST PE OR PRINT) ELSIE	MIDDLE	andrew	20. DATE OF DEATH MONTH DAY	2 1997
10.0	3 S	emale	RACE caucasian	S DATE OF BIRTH NOV. 8, DAY 1909	6. AGE (IN YEARS LAST BIRTHDAY) F MOI	UNDER YEAR IF UN
32	70.	SIRTHPLACE (STATE OR FOREIGN COUNTRY Land	76 CITIZEN OF WHAT COUNTR		BALTIMORE CITY OR COUNTY O	FDEATH
st be not	10 (CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	SING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION ITYPE OF WORK FOR MOST OR WORK ING LEEL 1000 CW1 Te	12b. KIND OF BU
awiiner mus	13a	JAL RESIDENCE (1) NURSING HOM STATE 136 CC aryland Ta	E ON OTHER INSTITUTION, GIVE RESIDENCE BEFOLINTY 13. CITY OR TO Lasto	ORE ADMISSION)	130. STREET ADDRESS 418 S. Auror	a St.
fical example of the standard	14.1	William Ed	lward Hahn LAST	13 MOTHER'S MAIDEN NA	e Gyel MIDDLE	LAST
t, the med		WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	COVE WAR OR DATECT	curity no. 17 informant -3703B O. N. An	.drew East	on, Md
e carbon papers. tion, or removal. r traumatic even	7	DARTI DEATHINGE CAL	DUE TO, OR AS A CONSEC	gluenza		APPROXIMATE BRIWEEN ONSE
burial, cremati njury, or other		gave rise to immediate cause (a), stating the underlying couse lost PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CONSEC (c) IT CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVEN	IN PART 1(a)
shows any is	CERTIFICATION	190 DATE OF OPERATION		rthritis CH OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YES, V IN CERTIFY IN YES NOW YES	VERE FINDINGS
al Hygiene tem 18 sho	MEDICAL CERTI	218 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18, PART	
r Item 18		21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211 LOCATION	CITY OF TOWN	COUNTY
harked or Item 18	MEDI	WHILE NOT WHILE AT WORK				44.75
dental or Ite	MEDI	220 L certify that (I) (this has saw the deceased alive above, (I) (Me) (II) (did)	ispital attended the deceased from	and that i (my) (our) opinion	to 2-2 19 death occurred on the date and hour o	
ined for use as the burrained Dept, of Health and Mental If Item 21 is marked or Ite	MEDI	22a & certify that (I) (This has sow the deceased alive above, (I) (Met Adia) (did 22b SIGNATURE	ispitol oftended the deceased from an 2-2 19 not) view the body ofter death. N. Trover, M.	DEGREE (our) opinion	death occurred on the date and hour o	nd from the cause 22c. DATE SIGN 2 - 3 - 8
dental or Ite		220 L certify that (I) (This has saw the deceased alive above. (I) (We') (II) (II) (II) (II) (II) (III) (III	ispiral oftended the deceased from an 2-2 loof) view the body after death. W. Trever, M. PE OR PRINT) Trever, M.D.	DEGREE ATTENDING PHYSICIAN [22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	nd from the cause 22c. DATE SIGN

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M. Annaha and Annaha a		. tapon

	21	Items 18,22a G547 9/4/80 dad STATE OF MARYLAND								
0	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGENEU U 5 5 5 4								
	HEALTH DEPT.	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 20 DATE KNOWN Month Day Year 12h HOUR.								
	(8.8)	(Type or Print) THE TRIOD TO TH								
	(IVI)	3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (in years if under 1 year if under 24 HRS 2c. DATE PRONOUNCED DEAD 2d. HOUR								
	2 7 8	female white 10-20-1937 42 yrs. MONTHS DAYS HOURS MIN FMORTH. 5, Doy Yeor 1980 6P.								
	With with	76. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH								
	fours frem 18 along v along v	Prema. U.S. WIDOWED DIVORCED Talbot								
	2 4 E e e	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done privatively of work) 120. WIND OF BUSINESS OR CHARGE (A contraction) 120. WIND OF BUSINESS OR CHARGE (A co								
	thin pen	30. USUAL RESIDENCE (Where deceosed lived, institution: Residence before 13c. CITY OR TOWN odmission) SMaryland 13b. COUNTRAL 13b. COU								
	9 . F N	4. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost John Lychowitch Anna Silinsky								
	edic edic	66. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war ar dates of service) 196–28–1603 Marion 1. Konyk Chester, Pa.								
	STRE hould he war Chief mit. F	18 CAUSE OF DEATH (Enter only one couse per light of (4) (b) Coud (c) PART L DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) IMMEDIATE CAUSE (a) APPROXIMATE INTERVAL BETWEEN ORSET AND DEATH								
		Conditions, if ony, which gove rise to immediate couse (o). Stating the underlying course DUE TO, OR AS A CONSEQUENCE OF								
	301 W. PRES: This certificate, writing farwarded to the buriol-transit in removal, and	lost.								
	2 0 0	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAXED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)								
	I RECORDS, IL EXAMINER: Execute the character of the character of the character of the control of the control of the character of the characte	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO 210. EXTERNAL CAUSE WAS 210. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2 Item 18.)								
	REC EXA EXA xecu shou used used	WAS PERFORMED? YES ✓ NO ✓								
	Se de	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19								
	TT Sar Par	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK A								
	TO TO Y IS IT	22a. I certify that I took shorge of the remains described obave, held an Autapsy (), Inspection (), Inquiry (), and in my opinion deoth resulted from Natural causes ()— Accident ()— Suicide (), Homicide (), Undetermined monner ()								
	If any delay in a the funeral to be retained to DIRECTOR: Mental Hygier	ACTUAL SIGNATURE								
	RAL M	EXAMINER'S NAME (Type) R. Lane Wroth, M.D. ADDRESS(Street, & town, Manachaels, Md. 21663								
	ofter death. If 2, and 3 to Page 5 moy TO FUNERAL Health and M	230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Cremation 2-7-1980 Delmarva Crematory Lewes, Sussex, Del.								
	表で発光 DHMH-17 1/71 10M (VR A15ME (5))	24. FUNERAL DIRECTOR Newnam Funeral Home ADDRESS DATE PEB 1 1 1980 ADDRESS 250. RECT. BY REGISTRAP 3:5GNATURE DATE PEB 1 1 1980 ADDRESS 1:5GNATURE DATE PEB 1 1 1980 ADDRESS 1:5GNATURE DATE PEB 1 1 1980								

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FOR - STATE

I. DECEASED NAME

REGISTRAR

FIRST

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO MIDDLE LAST 2s. DATE OF DEATH YEAR 26. HOUR 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS HOURS MONTHS DAYS 6, 1912 68 BALTIMORE CITY OR COUNTY OF DEATH MARRIED WEVER MARRIED DNORCED T 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12e USUAL OCCUPATION 126 KIND OF BUSINESS OR 134 INSIDECITY LIMITS? 13.410 HIGH ST, DENTON, MD (21629) YES NOF 15 MOTHER'S MAIDEN NAME MARGARET FLAMER LAST ADDRESS 17 INFORMANT RECORDS OF MEMORIAL HOSPITAL EASTON, MD. APPROXIMATE INTERVAL DUE TO, OR AS A CONSEQUENCE OF SCUR PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 alure 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO [21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 211 LOCATION CITY OF TOWN COUNTY STATE 1950 _19_______, and that in (my)(our) opinion death occurred on the date and hour and from the couses stated 22¢ DATE SIGNED DEGREE ATTENDING 2- 26-1980 MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS EASTON. 21601 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION DENTON, CAROLINE, MARYLAND SPRINGGROVE CEMETERY 250. DATE REC'D. BY REGISTRAR 250. REQUITAR'S SIGNATURE

RP DHMH-16 25M (VRA 15, 4) 1/79

24 FUNERALDIRECTOR

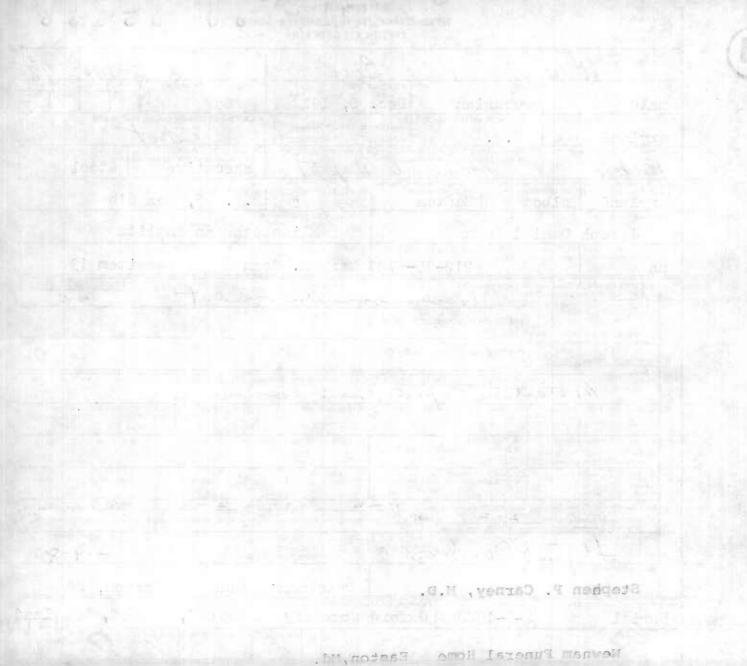
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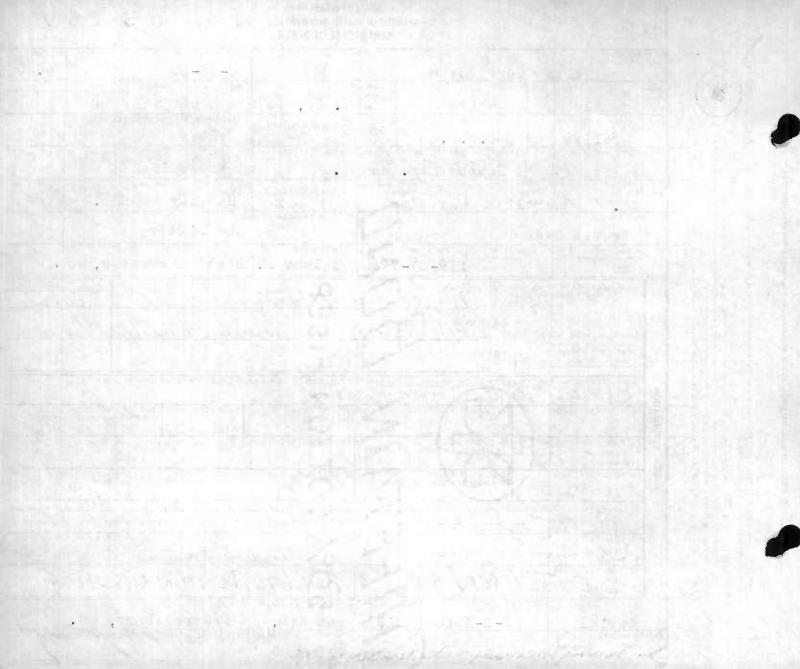
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Newnam Funeral Home Easton Md

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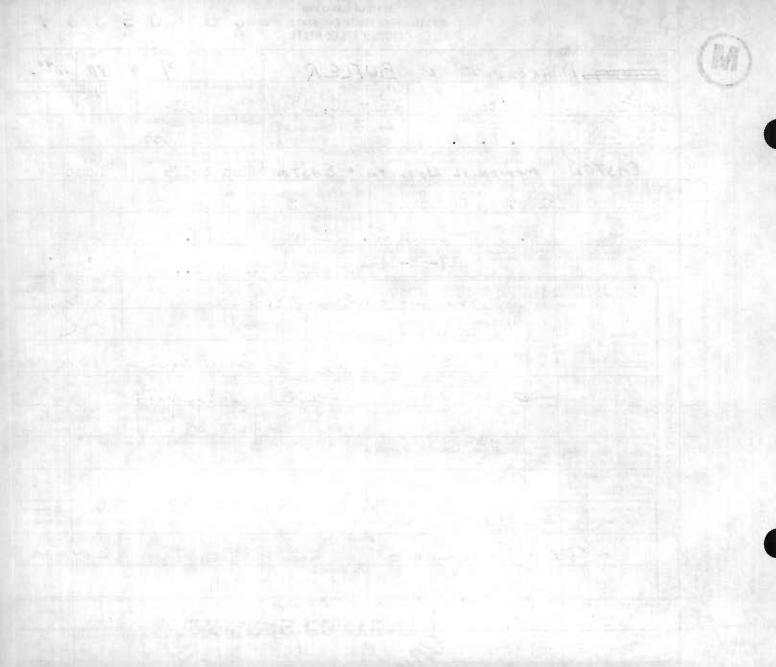




	1 -	STATE REGISTRAR	DEFARIN	CERTIFICATE OF DEATH	REG. N	
	(TYPE	EASED NAME FIRST	belle W.	Bramble	20 DATE OF DEATH	byway 8, 1980 6 A
nce.	SEX	FEMALE	WHITE	S DATE OF BIRTH MONTH DAY YEAR 17 25	6 AGE (IN YEARS LAST BIR	THDAY WHOER I YEAR IF UNDER 24 HRS
o at o	e BIF	THPLACE (STATE OR FOREIGN UNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	1	DR COUNTY OF DEATH
78	0 CI	YOR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET.	G HOME OR OTHER INSTITUTION	12. USUAL OCCUPAT (TYPE OF WORK FOR MOST ON NONE	
25	3a S	MD 136 COUNT	A L P A	N 134. INSIDE CITY LIMITS?	130 STREET ADDRESS	742A
200		CHARLES	woole wast		WIDDLE	NELSON
t, the med		AS DECEASED EVER IN U.S. AR	MED FORCES? 16h SOCIAL SECU 2/3-22-6	17 INFORMANT ALOO DE BRAM	BLE ADDR	EASTON, MD.
		PART I DEATH WAS CAUSE	dy ane cause per line far (a), (b), and D BY E CAUSE (a) Carcin	una of the &	reast	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 22 MO
		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)			
	NOL			DEATH BUT NOT RELATED TO THE TERM		
9	CERTIFICATION	10 DATE OF OPERATION	ING. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	706. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\bigcap \) NO \(\bigcap \)
6		216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	TH HOUR A.M. MONTH DA	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART T OR PART 2]
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		saw the deceased alive an abave, (I) (we) (did) (did no	ottended the deceased fram			19 80, that (1) (we) la ate and hour and from the causes stated
		226. SIGNATURE	t & Carnel	DEGREE ATTENDING PHYSICIAN 1224 ADDRESS	MEDICAL STA	FF CIAN 2-8-80
DRT /		0	Carney, M.D.	Easton,	MD 21601	
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	(5	JRIAL, CREMATION, REMOVAL		TAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE STATE (MIS).

Elicic C U. C Design and September NO PERSONAL PROPERTY OF THE PERSONAL PROPERTY Sosphen P. Carney, M.D. Easton, M. Signal STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

FOR STATE



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	er e	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITA	L, NURSING HOME OR OTHER IN	STITUTION 12a USUAL OCCUPA	TION 12b. KIND OF BUSINESS OR				
10	by the filed v. notifi	1	EASTON	Men	DEIAL HOSE	144 L. banker	TOF WORKING LIFE) FINDUSTRY				
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AND	filled hould the	-	ine Lin	coln Sou	ith Bristols -	NO* McFarla	nd Cove Road				
4RYL	A d 2 s	14. F/	THER'S NAME	MIDDLE	LAST	S MAIDEN NAME	LAST				
W.	wed your Judy	14-1	Joseph C	-	CIAL SECURITY NO. 17 INFORM	rjorie Goetze	RESS				
AORE	e exect	(YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)		1, 1, 1,					
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	physic pope noval rent, th		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	ED BY-	minatay f	11 1000	2 wcei61				
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5, 2(uires signe en pl o bur	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBU	TING TO DEATH BUT NOT BELATE	D TO THE TERMINAL DISEASE OR CO	NDITION GIVEN IN PART 110				
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	ATTE Sspire ECTO d for n 21		sow the deceased olive or above. (1) was did (did no	ot) view the body ofter de	ath.	(our) opinion death accurred on the	date and hour and from the couses stated				
	the hother to th		OND - TO	Diti	BEGREE	ATTENDING MEDICAL ST	AFF 220. DATE SIGNED				
	HOSPIFAL ned by the FUNERAL UID be detected to the Store ORTANT. If		22d PHYSICIAN'S NAME (TYPE	OR PRINT)	12e ADDRE	PHYSICIAN DIRECTOR PHYS					
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	TO H Showl	230 F	BURIAL, CREMATION, REMOVAL	2011	23c NAME OF CEMETERY OF	CREMATORY 23d. LOCATION					
	BP	d	remation	2-29-1980			Sussex. Del.				
	DHMH - 16 50M 1/76	24 F	JNERAL DIRECTOR		ODRESS	2 M DANE REC'D. BY DEGISTRA	AR 25% REGISTRAR'S AICH TURE				
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		1 -	STATE REGISTRAR			CERTIFICATE		REG. N	0	
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	be oth	11112	Sara	SETH		Clark		Febr	vau 21,	1986 7 13 M
	ow ,	3 SEX		4 RACE		5. DATE OF BIRTH	DAY YEAR	& AGE JIN YEARS LAST BIR	HDAY) IF UND	ER LYEAR IF UNDER 24 HRS
	9 () () () () () ()		female	caucas		Sept. 1	, 1892	87	YRS	
	H 90 9	- C	RTHPLACE (STATE OR FOREIGN DUNTRY)		VHAT COUNTRY?	MARRIED EN	VER MARRIED	9 BALTIMORE CITY C	R COUNTY OF DE	ATH
	deo		ry Land IY OR TOWN OF DEATH	U.S.	OSDITAL AUGST	WIDOWED THER	DIVORCED [./0	lbot	MD.
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RYLA	etely 2 sh	14. F.A	THER'S NAME	WIDDLE	LAST		HER'S MAIDEN NA			TPAL
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	ATTEND ospital o ospital o ospital o sector. A sector ose of for use of the orm 21 is m			ti view the body	19_	O, and that in	our) opinion	death occurred on the d		
	the September 198		22b SIGNATURE	11	10	DEGREE	ATTENDING _	MEDICAL STA	FF _	2 2 2 80
	ERAL ERAL State		22d. PHYSICIAN'S NAME ITYPE O	P PRINT)	The	122e AD	PHYSICIAN	DIRECTOR PHYSIC	IAN []	1-10-100
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	op of short	23a. 8	URIAL, CREMATION, REMOVAL	23b. DATE	230	NAME OF CEMETERY	OR CREMATORY	23d. LOCATION		WID T IBO
	BP	Bi	arial	2-25-1		Olivet		St. Mi	chaels.	Talbot. Md.
	DHMH - 16 50M 1/76	24 FL	INERAL DIRECTOR		ADDRESS		2 F EA		25b AEGISTRAR'S	SGNATURE
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DEPARTMENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF DEATH

REG NO 20 DATE OF DEATH 2h HOUR 6 AGE (IN YEARS LAST BIRTHDAY)

L DECEASED NAME (TYPE OR PRINT) Lewis Copper 4 RACE

Md.

60 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I DEATH WAS CAUSED BY

Conditions, if any, which gove rise to immediate cause 101, stating the

underlying cause last

710 ACCIDENT WAS UNDERLYING

(IF EITHER, NOTIFY MEDICAL EXAMINER)

21d INJURY OCCURRED

22b. SIGNATURE

OR CONTRIBUTING T CAUSE OF DEATH

NOT WHILE

sow the deceased alive on.

22d PHYSICIAN'S NAME (TYPE OR PRINT)

Robert

22a.1 certify that (1) (this hospital) attended, the deceased from.

above, (1) (we) (did) (did nat) view the bady after death.

23b. DATE

FOR - STATE

COUNTRY

Faston

REGISTRAR

Male

18 CITY OR TOWN OF DEATH

Md.

(YES, NO OR UNKNOWN)

no

To BIRTHPLACE STATE OF FOREIGN

USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION

Talbot

MIDDLE

I (IF YES, GIVE WAR OR DATES)

136 COUNTY

Copper

Negro

7h CITIZEN OF WHAT COUNTRY?

5 DATE OF BIRTH

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

WIDOWED

Hospita

MARRIED NEVER MARRIED

DIVORCED [

Talbot

9 BALTIMORE CITY OR COUNTY OF DEATH

MOURS

APPROXIMATE INTERVAL

1-22-80

12b. KIND OF BUSINESS OR 120 USUAL OCCUPATION

TTYPE OF WORK FOR MOST OF WORKING LIFES INDUSTRY retired

13e STREET ADDRESS Locust

14 FATHER'S NAME Charles

Maston

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

The Memoriol

166 SOCIAL SECURITY NO

220-05-1294

15 MOTHER'S MAIDEN NAME FIRST Marv 17 INFORMANT

13d INSIDE CITY LIMITS?

Price

Mable Copper 127 Locust

ADDRESS

MIDDLE

18 CAUSE OF DEATH (Enter only one cause per line for lat, lb., and ic. Bronchopneumonia

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a Generalized Arteriosclerosis

HOUR A.M. MONTH DAY YEAR

(AT HOME, STREET, FACTORY OFFICE, FARM, ETC.)

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

211 LOCATION

20a AUTOPSY? NO

CITY OR TOWN

STAFF

Faston Talhot

20b. IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? YES [

MEDICAL

21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

COUNTY

and that in (my) (our) opinion death accurred an the date and hour and from the causes stated

23d. LOCATION

22c DATE SIGNED

Trever. M. D

21b. TIME OF INJURY

TIE PLACE OF INJURY

PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

DEGREE

23c NAME OF CEMETERY OR CREMATORY

Faston

COUNTY

STATE

BP. 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75

(SPECIFY)

CERTIFICATION

MEDICAL

00

20

ORTANT

(VRA 15 (4))

230. BURIAL, CREMATION, REMOVAL

Burial

Dashiell P.O. Box 606 Easton.

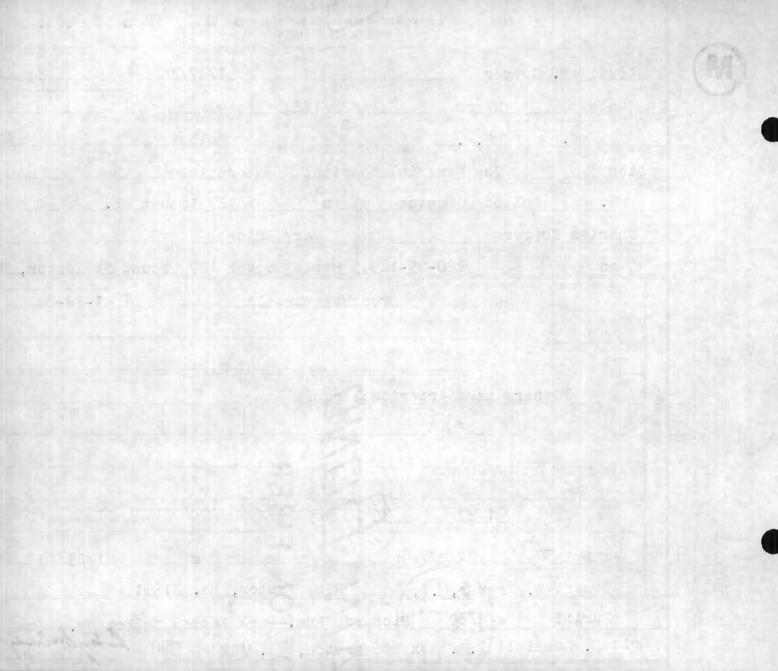
Richards

Md.

Park

Mem.

ATTENDING



Deceased Name	-	1.	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO	0.	
SEX	1)	1 DE	CEASED NAME FIRST	MIDDLE	LAST		MONTH DAY YEAR	26. HOUR
BENTHELE (STATE GROWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12. CITY OR COUNTY OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12. CITY OR COUNTY OF DEATH 13. CITY OR TOWN OF DEATH 13. CITY OR TOWN OF DEATH 14. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 13. CITY OR TOWN OF DEATH 13. CITY OR TOWN OF SECONDARY OF HISPON HOSPITAL NURSING HOME OR OTHER INSTITUTION 13. CITY OR TOWN OF HISPON HOSPITAL NURSING HOME OR OTHER INSTITUTION 13. CITY OR TOWN OR HISPON HOME OR HISPON HOME OR HISPON HOME OR HOSPITAL NURSING HOME OR OTHER INSTITUTION 13. CITY OR TOWN 14. FATHER'S NAME 14. STREET ADDRESS 14. SOCIAL SECURITY NO 17. INFORMANT 14. 18. CONSTRUCTION	9			E.	DANIELS		2 1 80	1.15
18 BIRTHPLACE STATE OR FOREIGN 12 CHIVER OF WHAT COUNTRY? MARRIED NEVER MARRIED NEVER MARRIED 18 BALTIMORE CITY OR COUNTY OF DEATH 19 CHIVER OF WHAT COUNTRY? MARRIED NEVER MARRIED NEVER MARRIED 18 BALTIMORE CITY OR COUNTY OF DEATH 19 CHIVER OF WHAT COUNTRY? MARRIED NOVORCED 17 CHIVEN OF WHAT COUNTRY? MARRIED NOVORCED 18 LINING OF BUSINE NOVORCED 19 CHIVEN OF WHAT COUNTRY? MARRIED NOVORCED 18 LINING OF BUSINE NOVORCED 19 CHIVEN OF WHAT COUNTRY? MAINTAIN NOVORCED 19 CHIVEN OF WHAT COUNTRY? MAINTAIN NOVORCED 19 CHIVEN OF WHAT COUNTRY? MAINTAIN NOVER HADRON OF WHAT COUNTRY? MAINTAIN MA	ej.	3 SE	x Mala		MONTH DAY TEAR	-		HOURS A
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2 /20 /00

222-15-3665 Helen Monroe Marydal, Md. Stephen P. Carney, M.D. Dutchmans Lane Laston, Md. Aurialty a 2-6-80 die. dion Cometery Marydol Carolino id.

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M 66 9008) E # STEW THE INCOME A HEREBOUR DESIGNED DOLL DESIGNED Md. ... Caroline Henderson out x Mad mili Rd. Phillip H. Gordon Nary Cower yes the light II 201-09-4080 anna Gordon Handerson, Md. Gremation 2-9-80 (Catar Hill | lankington D.C.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	
TO HOSPITAL OF ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 4 may leterained by the hospital or attending physician.	may
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compilated funer in by the funeral direction should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 1 and 2 should be fined within 72 hours and with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	FAI

BP.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFICATE OF DEAT	TH REG. NO.	
I. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	LAST	28 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
ELTO	on J.	GREEN	SR 2-27-80	10 A M
3 SEX	Black	5 DATE OF BIRTH MONTH DAY 12 25 19	(s. AGE (in years last birthday) 73 YRS.	IF UNDER I YEAR IF UNDER 24 HRS
To BIRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8 MARRIED NEVER MARR	- I BALTIMORE CITY OR COUNT	Y OF DEATH
7/19	0,5,	WIDOWED DIVOR	CED ON TALBOT	MD
EASTO	(# NOT IN SUCH FACILITY, GIVE ST	ISING HOME OR OTHER INSTITUT REET ADDRESS) VORIAL HOSP.	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	12b. KIND OF BUSINESS OR INDUSTRY SEAFOOD
USUAL RESIDENCE (IF NURSING HOM	E OR OTHER INSTITUTION, GIVE RESIDENCE BOUNTY 13c. GITY OR T	EFORE ADMISSION)		Pa
IN FATHER'S NAME	MIDOI CIRS	15 MOTHER'S MA		1.03
John	MIDDLE LAST	EN TEN	1 N I K	Souner
160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES.	ARMED FORCES? 166 SOCIAL S GIVE WAR OF DATES) 13 - 1944 213-16	ECURITY NO. 17 INFORMANT	J. Green Sr.	NEW JEYSKY
PART I. DEATH WAS CAL	only one cause per line far (a), (b) JSED BY: BIATE CAUSE (a)	ond ich		BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost	DUE TO, OR AS A CONSE	Ruse Coroln	l Certering Cores	y yes
	T CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR CONDITION GI	VEN IN PART I(0)
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	1% CONDITION FOR WH	ICH OPERATION WAS PERFORME	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
OR CONTRIBUTION C CAUSE OF	DEATH HOUR A.M. MONTH		OCCURRED (ENTER NATURE OF INJURY IN ITEM 18,	PART T OR PART 2)
(IF EITHER, NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOTIWHILE AT WORK	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC.)	CITY OR TOWN	COUNTY STATE
sow the deceased alive abave, (1) (www. (did) (did	on 7 7 (2 1	65-5	9 50 , to 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
27h. SIGNATURE	Lide		NDING MEDICAL STAFF	2 27/Se
27d. PHYSICIAN'S NAME (TY)	HODES M.D.	14 D. Ac	rova. Parton	Md 21601
230 BURIAL, CREMATION, REMOV	AL 23b. DATE	134 NAME OF CEMPTERY OF CREM	AATORY 23d LOCATION	COUNTY STATE

DHMH-16 25M (VRA 15, 4) 1/79

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the

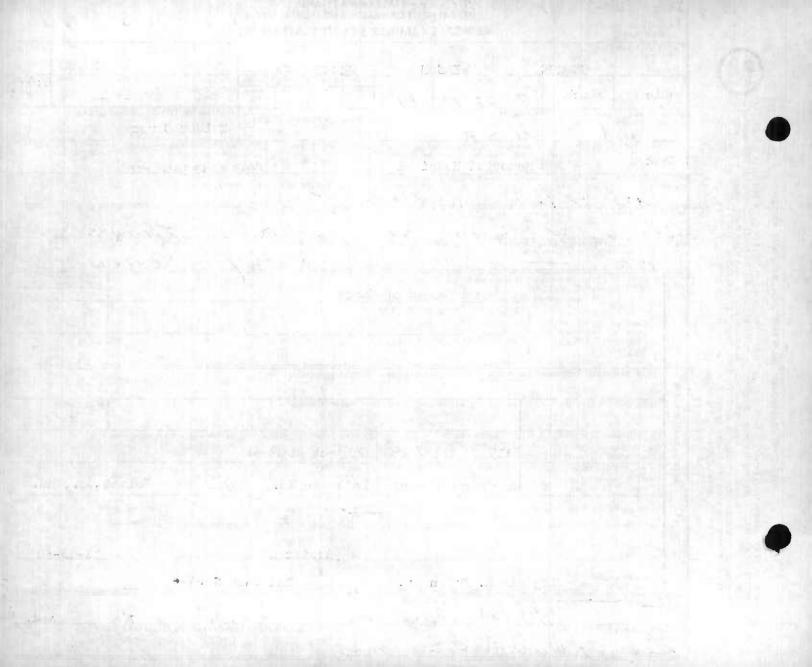
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250. DATE REC'D. BY REGISTRAN 256. RECHARDS SIGNATURE MAR 6 1980

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	OREIGN COUNTRY)	d	115	A		MARRIED		VER MARR	SIED		ot Co	_		
	ITY OR TOWN	OF DEATH	11. NAME OF HO	OSPITAL, NUR		OR OTHER	INSTITUT	TION		AL OCCUP		TYPE OF WO	ORK 12b	NIND OF OR INDU
	aston		Memoria	al Hosp	ital		1 - 1		Ma	1	مدس	Lung	4.	
	STATE	(IF IN NURSING HOME O	OR OTHER INSTITUTION,	Tac. CITY	OR TOWN	130		TY LIMITS?		ET ADDRE	SS			
4	MO	TAL	boot	Ricay	al Ox		YES 🗗							
1	FATHER'S NAME		MIDDLE	U	AST	113	, MOTHE	R'S MAID	ENNAME	м	IDDLE	-/		LAST
	WAS DECEASE	D EVER IN U.S. AR	MED FORCES?	16b. SOCI	S V	NO. 17.	INFORM	MANT	an		ADDRE:	55	mi	25
	YES, NO, OR UNKNO	IF YES, GIVE	WAR OR DATES)			7		Ka.	46		(2.	10.	,
F		F DEATH (Enter on	nly one couse per li	ne far (a), (b),	and (c).)			1 2	7			OV	1	APPROXIM
	PARTIDE		D BY: TE CAUSE (a) S			Chest		1	2710				-	BETWEEN ON
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7	lying cou	ese last.	(c)				CONDITION	4 GIVEN IN PA	ART T (o).	ofice Galler				
ATION	lying cou	ese last.	(c)CONTRIBUTING TO DEAT	TN BUT NOT BELAT	EO TO THE TERMI	NAL DISEASE OR			ART T (e).			8		20 AUTOPS
IFICATION	lying cou	GNIFICANT CONDITIONS	(c)CONTRIBUTING TO DEAT		EO TO THE TERMI	NAL DISEASE OR			ART T (a).					20. AUTOPS
ERTIFICATION	lying coul PABT 2 OTNER SI	GNIFICANT CONDITIONS	(c)	IN BUT NOT BELAT DITION FOR W OF INJURY	EO TO THE TERMIN	NAL DISEASE OR	PERFOR	MED?		TATURE OF INJ	JURY IN ITEM	18 PART 1 (YES X
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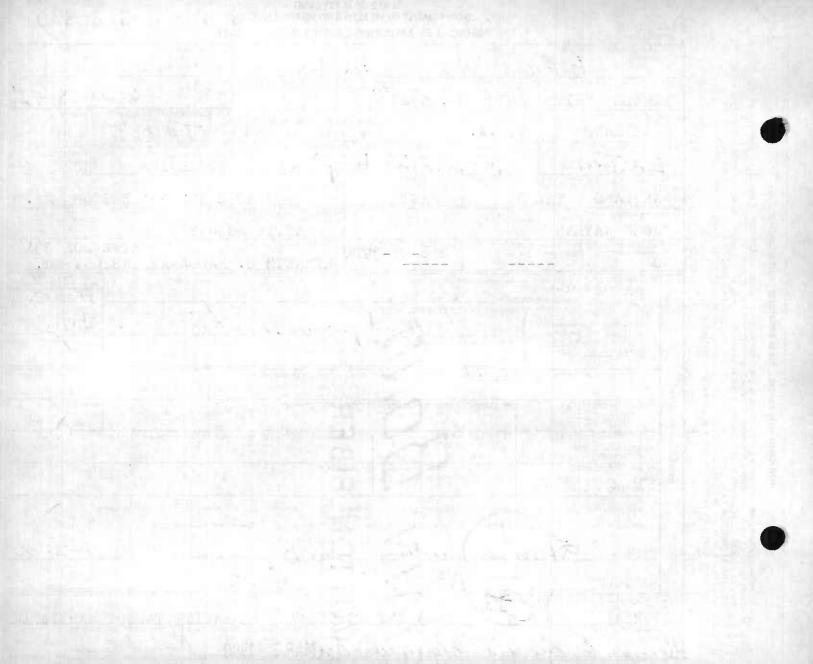


(12)	1-	FOR STATE REGISTRAR			DEPARTM	ENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 0	05	3 .	4 8
8 7 E	TYPE	CEASED NAME OR PRINT) DOLL	con	5	MIDDLE Somuel	elu	Joud Joud	20. DATE OF DEATH	MONTH DAY		3 PM
MA:	3 SE)	White -mo	,	RACE White	2	5 DATE C		6 AGE (IN YEARS LAST BIR)	MONTHS	DAYS	HOURS MIN
TE RA		RTHPLACE (STATE OR FOI DUNTRY) Md.	MJ 1/ CA			MARRIEI WIDOWE	NEVER MARRIED	1 BALTIMORE CITY O	E COUNTY OF D	EATH	, MD.
of the party of th	10 CI	as four	IH 11		HOSPITAL, NURSIN THE FACILITY, GIVE STREET A		R OTHER INSTITUTION	120 USUAL OCCUPATION PRO OF WORK FOR MOST OF M	F WORKING LIFE) IN	DUSTRY,	BUSINESS OR
hin 24 ho r filled in suld be fil	13a S	Md.	NG HOME OR OT 136 COUNTY	1	13c CITY OR TOWN	ADMISSION)	134. INSIDE CITY LIMITS? YES 🔼 NO 🗌	13 R. STREET ADDRESS none R	#5 Box66	54 E	uston Md
ompletely and 2 sho		THER'S NAME William	MID	yne	enwood		Sophie	WIDDLE		rett	
e be exected an and company of the me	16R W	VAS DECEASED EVER II es, no or unknown) NO	N U.S. ARME I IF YES, GIVE W.	ED FORCES? AR OR DATES)	152-07-0		Clara A. Gr		aston Me	d.	AATE INTERVAL
requires that the death in signed by the attending nen please remove carboi to burial, cremation, or y injury, or other traum.	NO	Conditions, if ony, gove rise to imm cause (a), stating underlying cause	ediote the lost	(b)	RAS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN	PART 1(o	
: The faw te has bee bermit. Ti ene prior shows an	CERTIFICATION	19a DATE OF OPERAT	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WER IN CERTIFYING YES		
ritending physician. After this certificate his steburial-transit pen ith and Mental Hygiene marked or Item 18 sho	MEDICAL CERT	21a. ACCIDENT WAS UNDE OR CONTRIBUTING COL LIF EITHER, NOTIFY MEDICA 21a. INJURY OCCURRI	AUSE OF DEATH L EXAMINER)	P. 21R PLACE	M. MONTH DA M. OF INJURY	19	216 HOW INJURY OCCURR	SHEET			
hospital or attendi DIRECTOR: After hed for use as the b hed for use as the b bept. of Health and	ME	white at work Not what work 22e I certify that (I) (sow the decease above, (I) (we) (GI 22b. SIGNATURE	this hospital	attended th	19.5	23 or	of that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN [deoth occurred on the d	, 19 ate and hour and		
retained by the hospital TO FUNERAL DIRECT should be detached for a with the State Dept. of		224 PHYSICIAN'S NA	WH	1	01 52		220 ADDRESS	570r, F	nd.		
BP	1	BURIAL CREMATION, S SPECIFY) Burial	REMOVAL	23b. DATE 2-16.		t. Pau	0		town Ken		
DHMH-16 25M (VRA 15, 4) 1/79	24 FI	INERAL DIRECTOR elfenbein-	Ниььа	and Fun	renal Hom	e, (he	ster, Md. FE	B 1 9 1000	256 REGISTRAR'S	SIGNATI	JRE

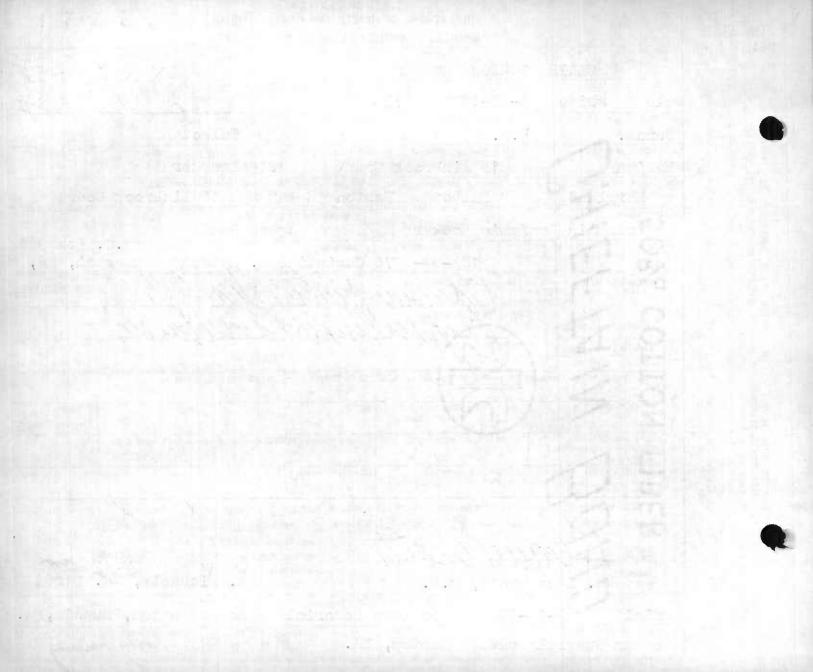
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1	FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
1.	- STATE REGISTRAR	MEDICAL EVAMINED'S CERTIFICATE OF DEATH	0 3 3 3 4
	ECEASED NAME FIRST	MIDDLE LAST 20. DATE KNOWN	NO. MONTH DAY YEAR [7]
(1	YPE OR PRINT) Hele	N HADAUSU DEATH MATED	19
3. SI		S. DATE OF BIRTH MONTH DAY YEAR LAST BIRTH OF MONTHS DAYS HOURS MIN PRONOUNCED	MONTH DAY YEAR 2
	FEMALE WHITE	MARCH 23, 1.920 VRS. DEAD	2-28 19 87 P
5	MARYLAND	U, S.A. WIDOWED DIVORCED TA	(bot
_	EASTON	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION FOR MOST OF WORKING LIFE) HOUSEWI	OR INDUSTRY
P 13a.	STATE 13b. COUN	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) ITY 136. CITY OR TOWN 136 INSIDE (ITY LIMITS? 13e STREET ADDRESS	
100	MARYLAND TA		31 EASTON M
a 14.1	JOHN WAYMAN	MATTIE MCQUAY	LAST
) 16a.	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL SECURITY NO 17. INFORMANT ADDR	RESS RT#2 BOX 3
	YES, NO, OR UNKNOWN) (IF YES, GIVE	war or dates) 21.8-013900 KENNETH E. HADDAWA	
	18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE	ly ane cause per line far (a), (b), and (ç).)	APPROXIMATE IN BETWEEN ONSET AN
		TE CAUSE (o) SPS/S	Hour
	Canditians, if any, which	DUE TO, OR AS A CONSEQUENCE OF	dan
	gave rise to immediate cause (o) stating the under-	DUE TO, OR AS A CONSEQUENCE OF	days
	lying cause last.	(c)	/
-		CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0).	
- Ş	19g, DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	
) \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	170. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
5	21a. EXTERNAL CAUSE WAS	216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITE.	YES YES M 18 PART 1 OR PART 2)
O Š	UNDERLYING OR CONTRIBUTING CAUSE OF	HOUR A.M. MONTH DAY YEAR DEATH P.M. 19	
MEDICAL CERTIFICATION	21d INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY (ATHOME, STREET CITY OF TOWN	COUNTY
-	AT WORK AT WORK		
	22s. I certify that I taak charg	ge of the remains described above, held an Autopsy . Inspection . Inquiry .	and in my opinion
	death resulted from: Natu	ral couses 🔲 , Accident 🔲 , Suicide 🔲 , Hamicide 🔲 Undetermined manner	,
	ACTUAL ON O	TITLE (SPECIFY)	DATE 2-78
-	SIGNATURE	MEDICAL EXAMINER	SIGNED LD
×-	EXAMINER'S NAME (TYPE OR PRINT)	NELTV ADDRESS GANTON	
23a.	BURIAL, CREMATION, REMOVAL	CITY OR TOWN	COUNTY STATE
	BURIAL, SPECIFY) BURIAL LINERAL DIRECTOR	3-4 NEAVITT CEMETERY NEAVITT	COUNTY STATE TALBOT MARYLA REGISTRAR'S SIGNATURE

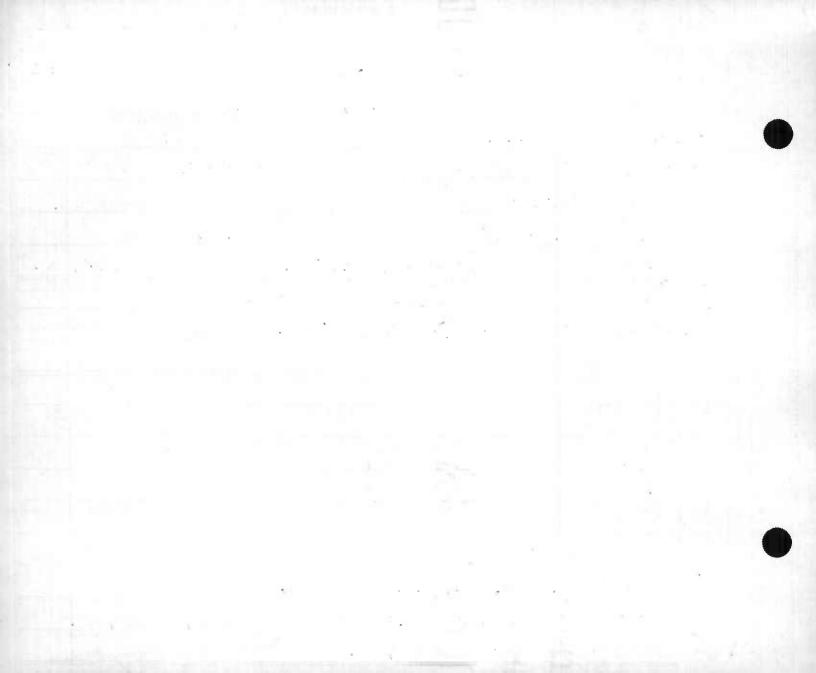


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME Middle 20. DATE KNOWN (Type or Print) OF ESTI-CLAIR GORDON HOCKER DEATH MATED 4. RACE IF LINDER 1 YEAR IF UNDER 24 HRS 3. SEX S. DATE OF BIRTH 6. AGE (In years 2c. DATE PRONOUNCED DEAD male white 8-22-1906 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH openna. Talbot WIDOWED 1 U.S. DIVORCED | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 946 red de Brook Court INDUSTRY Easton 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER nauld be executed within he ward "pending" in peni Chief Medical Examiner's (13b. COUNTY Talbot odmissma SAFland Easton YES MO 16 Linbrook Court 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME Middle Franklin Benjamin Hocker Agnes Rand P.O. Box 981 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16b. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) Easton, Md, 183-09-2076 Christine R. Anthony APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per ne for (o), (b), ond (c).) PART 1. DEATH WAS CAUSED BY **GETWEEN ONSET AND DEATH** IMMEDIATE CAUSE (o) DUE TO OR AL A CONSEQUENCE OF Conditions if only, which gove rise to immediate couse (a). DUE TO OR AS A CONSTQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES T 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f, LOCATION Street or R.F.D. No. City or Town County Stote factory, office building, etc.) WHILE NOT WHILE 22a. I certify that I tagk sharge of the remains described above, held an Autapsy ... Inspection P Inquiry J and in my apinian death resulted from: Natural causes Undetermined manner Accident . Suicide Homicide be retained DIRECTOR: CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER age 5 may to FUNERAL **EXAMINER'S** Lane Wroth, M.D. ADDRESS(Street, of, town, Mauchaels, NAME (Type) R 23o. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) Lower Paxton, Dauphin, PA. 2-16-1980 Woodlawn Memorial 25b. REGISTRAR'S SIGNATURE fronty McCready 24. FUNERAL DIRECTOR ADDRESS 25g REC'D BY REGISTRAR DATE EB 1 9 1980 Newnam Funeral Home Easton, Md. (VR A15ME (5))



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR



18,000

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

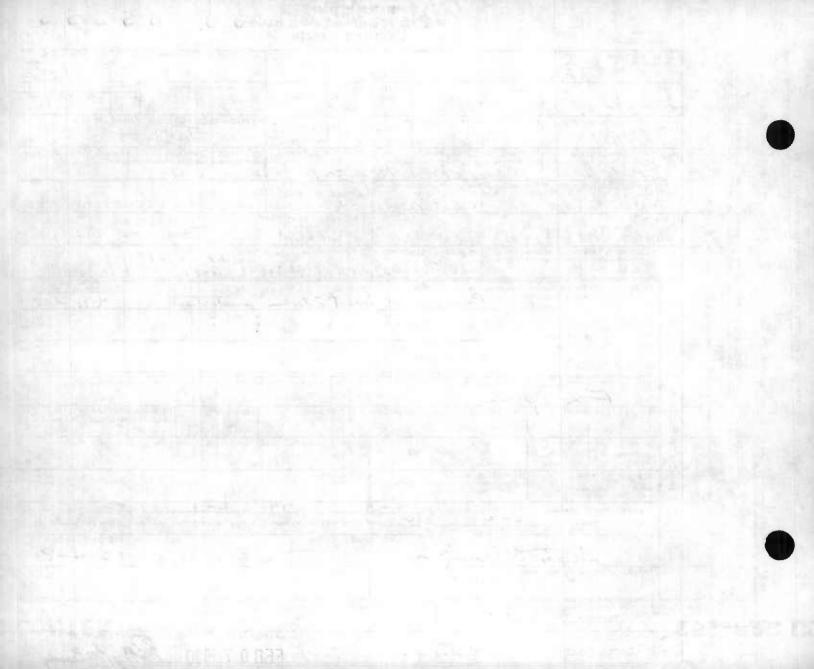
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

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		FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH					REG. N		3	5 5
(Per)		OR PRINT)	e/ma	MIDDLE	Johnson		20 DATE OF DEATH	b 3	SO.	26. HOUR
ge m. ectra p.p. s arm n.ce.	3. SE		4 RACE	ite.	S DATE OF BIRTH	YEAR	6 AGE (IN YEARS LAST BIRT	HDAY) IF (INDER 1 YEAR	IF UNDER 24 HRS HOURS MIN
ir desin. Pa in 72 hour	70 B	IRTHPLACE (STATE OR FOREKOUNTRY) M. C.	in 76 CITIZEN	OF WHAT COUNTRY?	MARRIED NEVER		9 BALTIMORE CITY O		DEATH	MD.
by the furned within	10 C	SASTON		OF HOSPITAL, NURSING N SUCH FACILITY, GIVE STREET	G HOME OR OTHER IN	STITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF	F WORKING LIFE	12h. KIND OI INDUSTRY	F BUSINESS OR
thin 24 ho thin 24 ho ould be file	13e	AL RESIDENCE HE NURSING STATE	COUNTY	13c CITY OR TOV	E ADMISSION) //N //N //N //N //SIDE /	CITY LIMITS?	130 STREET ADDRESS	UNIVE	rsitu	Parkwa
AARY ted wi to 2 sh ical ex	14 F.	ATHER'S NAME FIRST Chri	STIPN	JPN36	N MA	R'S MAIDEN NAM	WE		50/5	toff
ficate be executivate. A ficate be executivate. Pages 1 and compers. Pages 1 and event, the med	16a Y	WAS DECEASED EVER IN U	J.S. ARMED FORCE YES, GIVE WAR OR DATE:	s) all oll	JRITY NO 17 INFORM	obest tr	1 Kt. 1 1	30 x 121	12.R	au RN
VDS, 201 W. PRESTON ST., BA requires that the death certific in signed by the attending physis hen please remove carbon paper to burial, cremation, or remove ny injury, or other traumatic eve	NOI	Canditions, if any, will gove rise to immedicause to!, stating underlying cause I	DUE TO	D, OR AS A CONSEOU D)	ENCE OF	ED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 1(o	2 425
s bee	CERTIFICATION	19a DATE OF OPERATION	19b CC	ONDITION FOR WHICH	OPERATION WAS PERF	ORMED	200 AUTOPSY?	206. IF YES, WIN CERTIFYIN	G CAUSES	
VSICIAN thysician thysician the transit must Hyg	MEDICAL CER	238. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	E OF DEATH HOUF	ME OF INJURY R. A.M. MONTH D P.M.	AY YEAR 19		RED JENTER NATURE OF INJUI	LY IN ITEM 18, PART	T OR PART 2]	
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OR OR SEE		22a I certify that (I) (the spw the deceased a abave, (I) (we) (did)	live on 2 -	7 198	ond that in (m	y) (our) opinion (to 2 - 3 death accurred an the d			that (I) (we) last causes stated
TO HOSPITAL OF ATTO FIGURE BY the hospital TO FUNERAL DIRECT should be detached for until the State Dept. of MPORTANT: If Item 2		220. PHYSICIAN'S NAM	into 0	Comp	DEGREE	-	MEDICAL STA DIRECTOR PHYSIC	FF IAN 🗌	27c. DATE :	SIGNED 1
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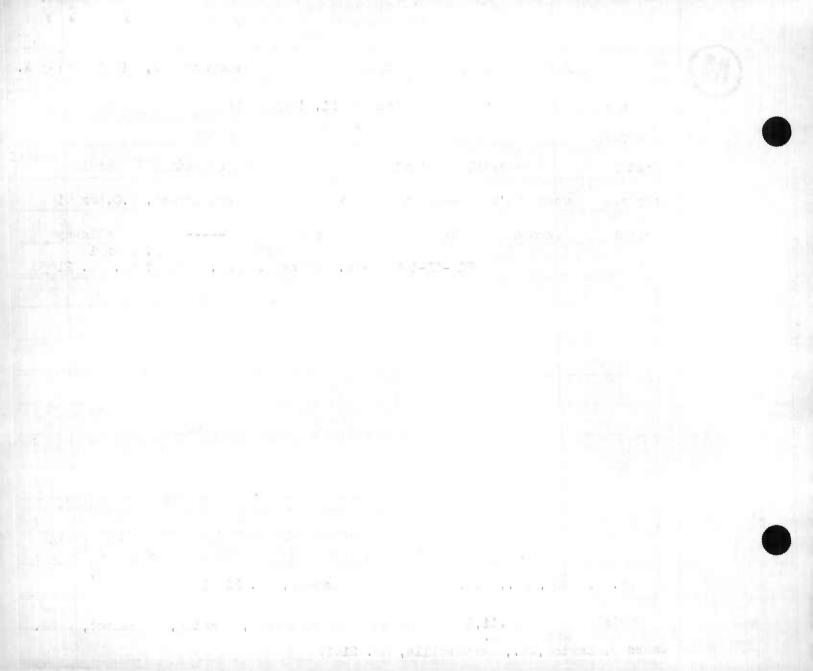
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TO HOSPITAL OF ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death retained by the hospital or attending physician.

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	FOR STATE REGISTRA	R		DEPAI	RTMENT OF	E OF MARYLAND BEALTH AND MENTAL CICATE OF DEATH	HYGIENE 3	O REG. NO	0	5 3	5 /
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should be the	USUAL RESIDENCE 130 STATE	III NURSING HOME O	ROTHER INSTITUTION NTY	GIVE RESIDENCE BE	NWC	13d. INSIDE CITY LIMIT	S? 13, STRE	ert Str	eet,	P.O.Box	91
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been signed by the attenmit. Then please remove co prior to burial, cremation, ony injury, or ather trauma	gove rise couse to underlying PART 2 OT		DUE TO, O	aca	O DEATH BUT	NOT RELATED TO THE TO	Seeses	ASE OR CONI	206. IF YES	S, WERE FINDIN	NGS USED
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ottendin fter this os the bu is and We srked or I	JIF EITHER, NO ZId, INJURY WHILE AT WORK	OCCURRED NOT WHILE AT WORK	216 PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFI	CE, FARM, ETC.)	21f LOCATION STREET	%	CITY OR TOW	(N	COUNTY	STATE
CTOR A for use of Healt n 21 is mo	saw th	y that (1) (this hasp ne deceased alive of (1) (we) (did) (did n			() The	nd that in (my) (our) api	nion death occu	rred on the do	ote and hou		that (f) (we) last causes stated
y the ha	22b. SIGNA	W	lu Ha	Jood)		G MEDICA	AL STAF OR PHYSIC	FIANDE	22c DATE	7/90
TO FUNERAL should be detroined by the State with the State IMPORTANT:		H. Wood		I.D. 2		22. ADDRESS Easton	, Md. 21	1601			
6 5 4 3 3	230 BURIAL, CREA	MATION, REMOVAL	23b. DATE	23	C NAME OF	EMETERY OR CREMATO	ORY 23d LC	CATION		COUNTY	STATE
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DHMH-16 20M YRA 15, 4) 7/78	James I	H. Barton	on Bros.	ADDRESS	lle, Md	25a.	EB1 2	1980	256. REGIST	RAR'S SIGNA	resoly



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	1 -	STATE REGISTRAR	osi akin	CERTIFICATE OF DEATH	REG. NO.	
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	3 SE		A RACE WHITE	5 DATE OF BIRTH		UNDER 1 YEAR # UNDER 24 HR
9		FEMALE	CAUC.	MONTH DAY YEAR 98	YRS. MOI	
and and		RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	NEVER MARRIED	BALTIMORE CITY OR COUNTY O	PUEATH
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\$70		C. L	(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	TYPE OF WORK FOR MOST OF WORKING LIFE)	INDUSTRY
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70	14. FA	THER'S NAME FIRST SEORGE	CLOYH CLOYH	15 MOTHER'S MAIDEN N. FIRST HAPPIR	MIDDLE	LAST
a -		AS DECEASED EVER IN U.S. AR	WAR OR DATES	RITY NO 17 INFORMANT	ADDRESS STEV	ENSVILLE
1 P		NO	217-36-1	666 GEORGE S.	LOWE, JR, M	D. 21666
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly ane cause per line far (a), (b), and			BETWEEN ONSET AND DEAT
			ECAUSE (0) UREMIA			
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		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	NCE OF	1111	10 YRS.
		PART 2 OTHER SIGNIFICANT			ECFEVIX+ENDOMPTRIUM MINAL DISEASE OR CONDITION GIVEN	
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9	CERTIFICATION				YES NO YES	NG CAUSES OF DEATH?
E /	CER	210. ACCIDENT WAS UNDERLYING	LINGUA A MA MONITH A	Y YEAR 216 HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18, PART	1 OR PART 2)
	MEDICAL	OR CONTRIBUTING CAUSE OF DEA	P.M.	19		
/	=	216 INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION		
10 no	MED		(AT HOME, STREET, FACTORY, OFFICE, F.		CITY OR TOWN	COUNTY STATE
III al year or I	MED	WHILE NOT WHILE AT WORK		ARM, ETC.) STREET		90
21 is marked or Item 18	MED	WHILE NOT WHILE AT WORK AT WORK 220 I certify that (I) This haspi	tal) attended the deceased from	ARM, ETC.) STREET	10 2-1 19	80 , that (1) [we
is marked	MED	White at work Not work Not	tal) attended the deceased from	STREET 1-23 19 80 , and that in (my) 600 opinion		nd from the causes stated
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If them 21 is marked	MED	WHILE AT WORK 220 I certify that (1) This haspi sow the deceased alive an above. (1) We idid did no 22b SIGNATURE 224 PHYSICIAN'S NAME (1766)	Boke, m. D.	DEGREE ATTENDING PHYSICIAN 270 ADDRESS	n death accurred an the date and hour a	nd from the couses stated
-		WHILE AT WORK NOT WHILE DAT WORK AT WORK AT WORK AT WORK AT WORK DATE OF THE AT WORK AT WORK DATE OF THE O	Baker, M. D. BAKER, M. D.	DEGREE ATTENDING PHYSICIAN 770 ADDRESS ARM, ETC.) STREET 10 80 ATTENDING PHYSICIAN 770 ADDRESS AS TOW	n death occurred on the date and hour a	nd from the couses stated 22c. DATE SIGNED 2-1-80
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Easton, Md.

FOR

REGISTRAR

- STATE

DHMH-16 25M

(VRA 15, 4) 1/79

Newham Funeral Home

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE O

YEAR

DAYS

LAST

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO I

22 DATE SIGNED

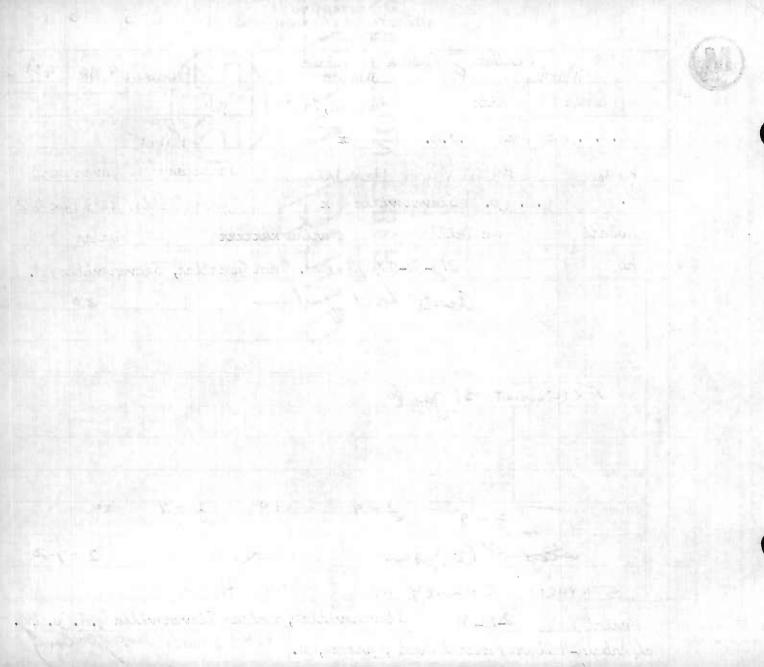
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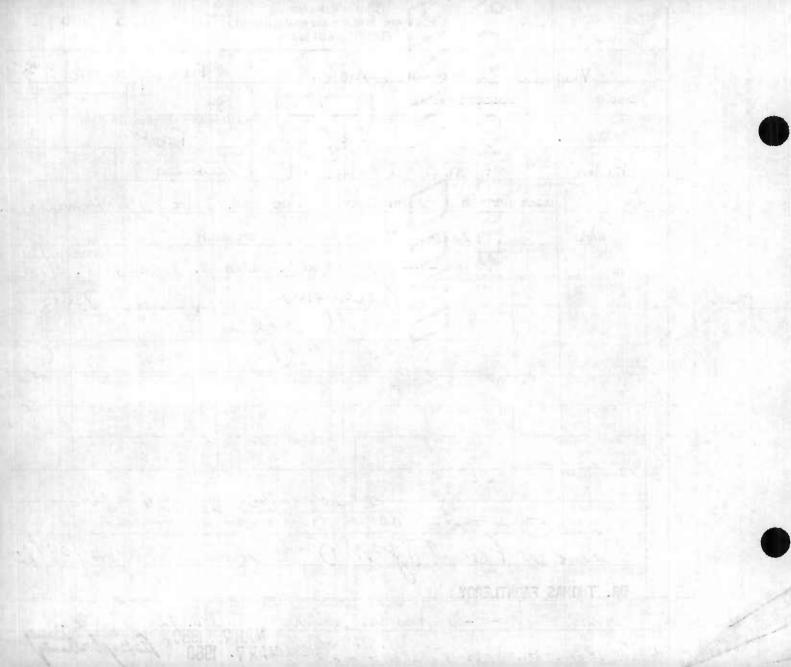
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Page 4 may be I director, page 3 hours after death	3 SE	Lemale	RACE S DATE OF MONTH	**************************************	6 AGE (IN YEARS LAST BIRTHOAY)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
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S offer s offer notified with		TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSING HOME OF (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	HOSPILLAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK NOUS CLUELLE	17b, KIND OF BUSINESS OR INDUSTRY
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MARYLAND red within 24 completely filler and 2 should examine cmus	14 FA	THER'S NAME FIRST John	pole Fisher	IS. MOTHER'S MAIDEN NAM FIRST	inknoun	LAST
BALTIMORE, core be execution on a coppers. Poges 1 vol.		VAS DEČEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIVI	ED FORCES? 166 SOCIAL SECURITY NO. 217-01-08090	Naomi C. Mi	LLs Rt. #3 Box	
es that the death certificated by the attending phelose remove carbon protol, cremation, ar remove, or care	>	PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate cause io, stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF (c) DIDITIONS CONTRIBUTING TO DEATH BUT N	unonia Il age	NAL DISEASE OR CONDITIO	APPROXIMATE INTERVAL BETWEEN ONSE! AND DEATH OF THE PROVINCE
he low recon to permit. I ene prior to ows any in	CERTIFICATION	19a Date of Operation	196 CONDITION FOR WHICH OPERATION	WAS PERFORMED	20a AUTOPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\) NO \(\)
HYSICIAN: TI hysician bis certificate buriel-transif J Mental Hygi or them 18 sh	MEDICAL CER	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE- (IF EITHER, NOTIFY MEDICAL EXAMINER) 210 INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	211. LOCATION	ED (ENTER NATURE OF INJURY IN ITE	M 18, PART T OR PART 2]
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R ATTEND haspital of RECTOR: ned for use spt. af Hec		22a. I certify that (I) (this haspi saw the deceased allow on above (I) (we) (did) (did no 22b. SICHATURE	yiew the body offer death.		eoth occurred on the date on	d hour and from the causes stated
AL O The AL D AL D Getacl ate De AT; If It		Thomas U	rame of n		MEDICAL STAFF DIRECTOR PHYSICIAN	220. DATESIGNED 29/10
TO HOSPIT etained by TO FUNER should be with the Strand here with the Strand here should be shou		DR. THOMAS F	UNTLEROY	77e ADDRESS		
BP	(Burial Burial	236. DATE 236. NAME OF CE. Western	metery or crematory Cemetery	23d. LOCATION CITY OR TOWN	COUNTY STATE
DHMH - 16.50M 1/76 (VR A 15 (4))	24. FI	INERAL DIRECTOR NAME ELFENBEIN-17	ADDRESS Rt. #1	Box, 66/250. D VE	1980	itry the Bredy



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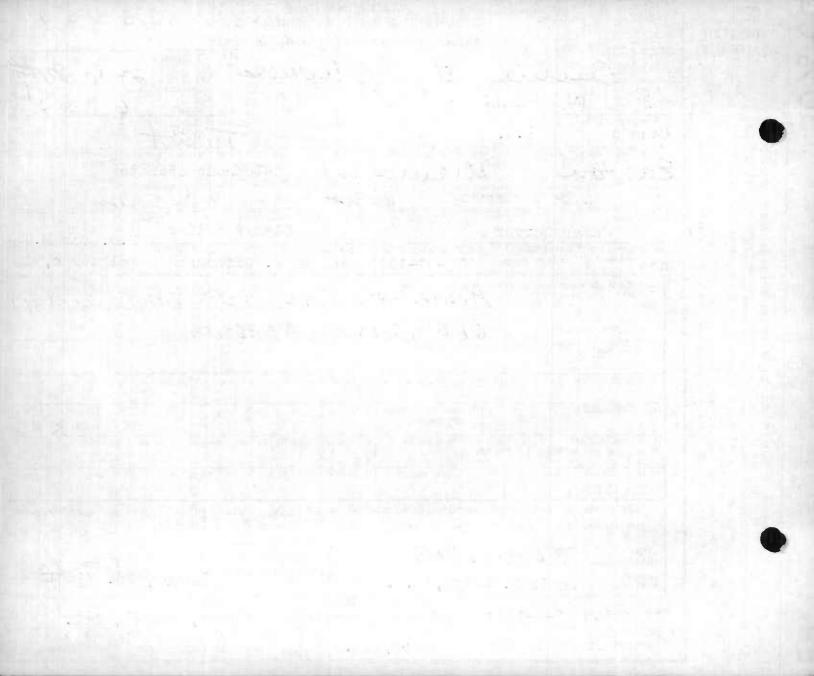
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Easton, Md. 21601

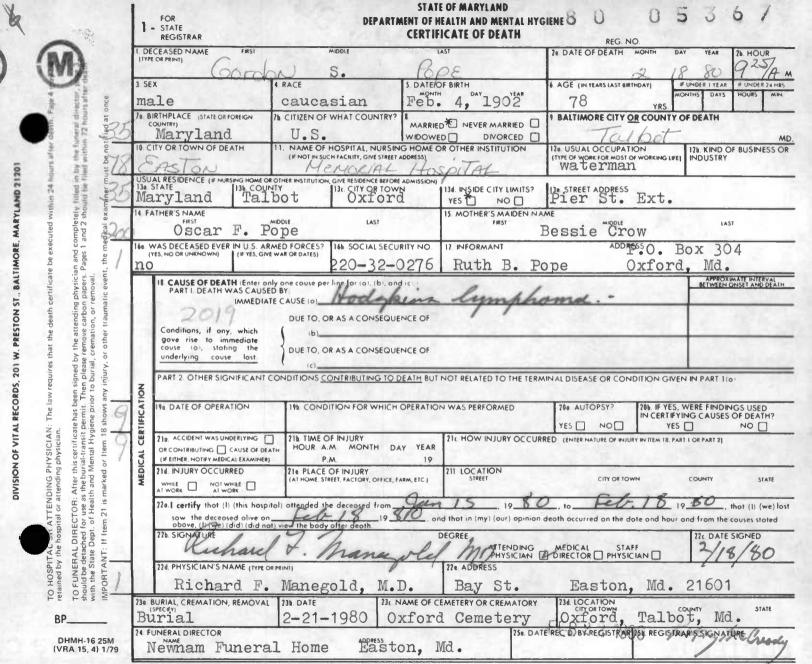
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME 20. DATE KNOWN ME TK Month (Type or Print) Pages DEATH MATED 3. SEX 4. RACE 5. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 4-19-02 CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH colonada U.S. DIVORCED WIDOWED [7] 10. CITY OR TOWN OF DEATH 1.1 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 13a USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13e. STREET AND NUMBER admission) STATE 13b. Wyweyard 14. FATHER'S NAME Middle Last IS. MOTHER'S MAIDEN NAME Middle Lost Gladys Nelise James Hoover 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. **ADDRESS** 17 INFORMANT (Yes, no, or unknown) Melbourne, Fl 577-01-104 Herman E. Offhouse 1B. CAUSE OF DEATH (Enter only one cause per ling for (a), (b), and (c) PART I. DEATH WAS CAUSED BY NTESTINAL OBSTRUCTION Conditions, if any, which gave BOOMINAL ADHESIONS rise to immediate cause (a). DUF TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) crematian, f9a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES NO 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, ftem 1B.) PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, office building, etc.) WHILE NOT WHILE 22a. I certify that I taak charge of the remains described above, held an Autapsy 🔀 Inspection . Inquiry . and in my apinion death resulted fram: Natural causes Accident . Suicide [be retained DIRECTOR: F Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER **EXAMINER'S** ge 5 may 1 Lewis S. Welty. M.D. ADDRESS (Street, city, town, or Founty) NAME (Type) 23a BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) CHEWALLS HE TYON 2-9-1980 Delmarva Crematory Lewes, Sussex, Del. 24 FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR S. SIGNATURE QHMH-17 1/71 1DM perfory McCready Newnam Funeral Home Easton. Md. (VR A15ME (5))



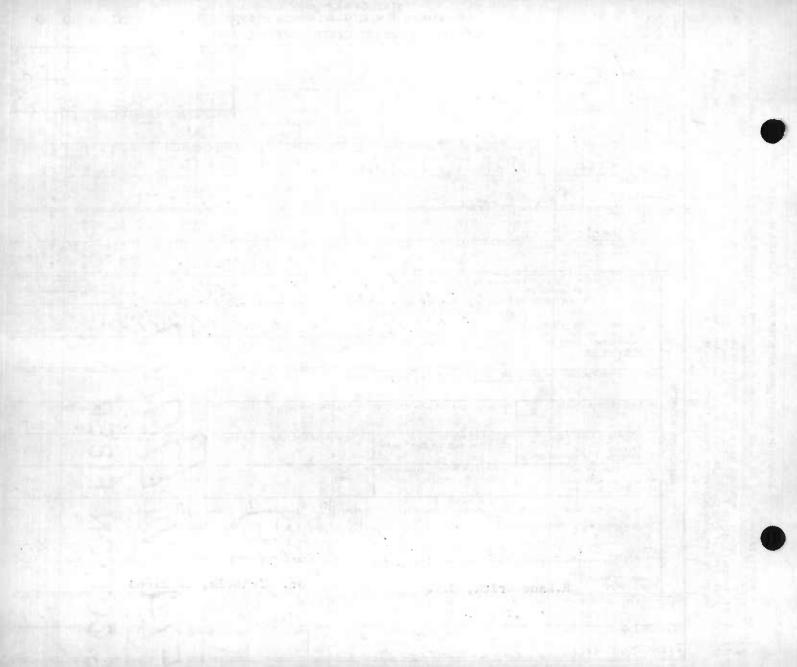
	1,	FOR STATE	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY	GIENDE 0 0 5 3 6 9
	1. DE	REGISTRAR CEASED NAME FIRST	WIDDLE	CERTIFICATE OF DEATH	REG. NO. 20 DATE OF DEATH MONTH DAY YEAR 25 HOUR
ofter death	{TYPE	John	CATI	Pairer	2-15-80 2 AM
offer offer	3. SE	MALE	4 RACE WHITE	Dec. 18, 1914	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
fied of ance.	7a B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY OR COUNTY OF DEATH
o to be	10 C	MARYLAND ITY OR TOWN OF DEATH	U.S.A.	WIDOWED DIVORCED DIVORCED DIVORCED	120 USUAL OCCUPATION 126, KIND OF BUSINESS OR
Jan 1	Z	EQSTON	(IF NOT IN SUCH FACILITY, GIVE STRE	IA (HOSPITA)	CARPENTER BUILDING
must be	13a :	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUR ARYLAND TA	ROTHER INSTITUTION, GIVE RESIDENCE BEF NTY LBOT 134 CLY OR IC CLAIT	ORE ADMISSION) 13d INSIDE CITY LIMITS? YES NO XX	13e STREET ADDRESS
niner		THER'S NAME	777	15 MOTHER'S MAIDEN N	
2/50	114- 1	NICHOLAS PA	IPER		WILMERTNG LAST
medico	(YES NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES) 21.6-0:		
shaws ony injury, ar ather troumatic event,	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse io storing the underlying couse lost PART 2 OTHER SIGNIFICANT OF THE DATE OF OPERALON	DUE TO, OR AS A CONSECTION OF THE CONSEC	DUENCE OF DEATH BUT NOT RELATED TO THE TER LETTER PERSONNEL H OPERATION WAS PERFORMED	MINAL DISEASE OR GONDITION GIVEN IN PART TIGHT Menuschis 200 AUTOPSY? 1206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NO NO
ond Mentol Hygiene ked ar Item 18 shaws		2}a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	ATH HOUR A.M. MONTH		RRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
ö	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN COUNTY STATE
21 is marked		22a-1 certify that (1) (this hosp	ital) attended the deceased from	(- 4) (n death occurred on the date and hour and from the causes stated
ANT: If Hem		22d. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE O	1 Hours	DEGREE ATTENDING PHYSICIAN 122e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN Z
IMPORTANT:				F	OS JON Md
₹	230	BURIAL, CREMATION, REMOVAL		C. NAME OF CEMETERY OR CREMATORY	CITY OR TOWN COUNTY STATE
76	24.1	urial Naturial	FEB 18, 19	80 OLIVET CEMETE	TRY THE WITCHARD WARY LAND
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1 1.	FOR		STATE OF MARYLAND OF HEALTH AND MENTAL H	TYGIENE ()	3 3 6 8
1	- STATE REGISTRAR		MINER'S CERTIFICATE C		
	DECEASED NAME FIRST	WIDDLE	CAST	20. DATE KNOWN MON	ITH DAY YEAR 76, HOUR
3 S 70 W.	Hattie	- 6	Roach	DEATH MATED \(\sigma \)	22 1080 74 M
3 5	Female Black	MONTH DAY YEAR LAST	(IN YEARS IF UNDER 1 YR. IF UNDER BIRTHDAY) MONTHS DAYS HOURS	24 HRS. 21. DATE MON PRONOUNCED 2 - 2	TH DAY YEAR 26. HOUR Z 1990 77 M
70	BIRTHPLACE (STATE OR	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED A NEVER MARR	9 BALTIMORECITY OR COL	
U W.	arrington, N.C.	U.S.A.	WIDOWED DIVORC	m 11 c	MD.
10.	Easton	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET ADD	HOME, OR OTHER INSTITUTION	124 USUAL OCCUPATION (TYPE OF WO FOR MOST OF WORKING LIFE) HOUSEWITE	
130	SUAL RESIDENCE (IF IN NURSING HOME IS STATE NO WATER AND A COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE A	WN 13d. INSIDE CITY LIMITS2	R t. 1. Box 281	
- C	FATHER'S NAME FIRST John Wesley Th	MIDDLE LAST	is MOTHER'S MAID! FIRST Dorothy	EN NAME MIDDLE	LAST
2 160	. WAS DECEASED EVER IN U.S. A	RMED FORCES? 166. SOCIAL SEC	CURITY NO. 17. INFORMANT		ederalsburg, x 281, Md.22163
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200		DUE TO, OR AS A CONSEQUE (c) (c) S CONTRIBUTING TO DEATH BUT NOT RELATED TO THE		IRT I (a).	
NOTACION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED?		20. AUTOPSY?
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		21b. TIME OF INJURY HOUR A.M. MONTH DAY DEATH P.M.	YEAR 21c. HOW INJURY OCCURRE	D LENTER NATURE OF INJURY IN ITEM 18 PART 1 O	R PART 2)
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HO STREET, FACTORY, FARM, ETC.)	ME, 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	22a. I certify that I toak char	ge of the remains described above, held vial courses (1), Aprillent (2),	an Autapsy , Inspectia Suicide , Homicide , TITLE (SPECIFY)	Undetermined manner	122 64
BALTMORE, MARYLAND,	EXAMINER'S NAME (TYPE OR PRINT) R. T	ane Wroth M.D.	ADDRESS St. M	Tichaels, MD 21663	
230	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		F CEMETERY OR CREMATORY	123d. LOCATION	COUNTY STATE
17 24	FUNERAL DIRECTOR	ADDRESS Desay	Vision 250. DATE	REC'D. BY, REGISTRAR 256, REGISTRAR	Mary Late and Late Landon
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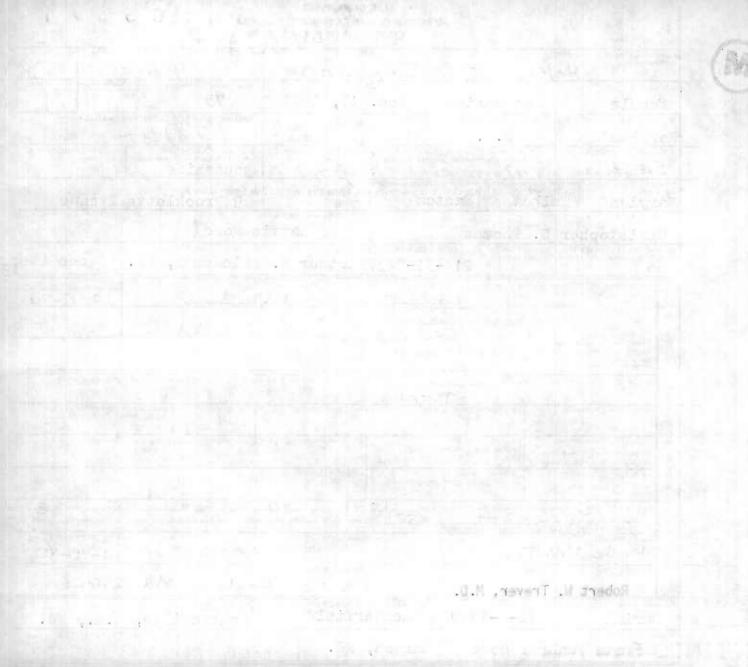


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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, and should be detected for use as the burst-intensity permit. Then please reflores canbon papers. Pages 1 and 2 should be filled within 72 hours after the should be falled within 72 hours after the standard distriction and Manual Livings and a hours of bright pages.
	DD	

	1 -	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 0 5 3 7 0 CERTIFICATE OF DEATH REG. NO.				
	1. DE	CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH	NONTH DAY YEAR 76	HOUR
		Koy	0.	Shuyelt	tebru		10-
oj.	3 SE	Male	4 RACE	S. DATE OF BIRTH MONTH March 3 1908	6. AGE (IN YEARS LAST BIRTH		OURS 2
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10 J		Elmer	67.	hufelt Laura		McMahan	
еше		VAS DECEASED EVER IN U.S. A ES, NO ORUNKNOWN! (IF YES, GI	NE WAR OR DATES)	L SECURITY NO. 17 INFORMANT	ADDRE	1111 21	166
t, th		No	_ 220-	32-0015 Beryl Shuf	elt, P.O.Bo	x184, Secret	
ury, or		underlying cause last	DUE TO, OR AS A CON	G TO DEATH BUT NOT RELATED TO THE TERM	NAME OF THE OR COME	HILION GIVEN IN PART 1(a)	
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Stephen P. Carney Dutchman's Lane Easton, Md. 21601 seller uneral tome I. New Market, Md.



	1.	STATE OF MARYLAND STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES 0 5 3 7 2						
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3	SEX	1	4 RACE	S DATE O	OF BIRTH	ACE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YE	
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B12.5		THPLACE ISTATE OR FOREIGN UNTRY) Florid	TT C A	MARRIE WIDOWE	D NEVER MARRIED D	BALTIMORE CITY OR CO	UNTY OF DEATH	
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Ē	JSUA I3r S1	L RESIDENCE (IF NURSING HOME OR 13b COUN Md Pal		E ADMISSION)	134. INSIDE CITY LIMITS? YES X NO	13e. STREET ADDRESS Norton Str	eet.	
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er traumatic		436 - Conditions, if any, which	DUE TO, OR AS A CONSEQUE	1100	* CVA	curous		
y, or other		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEOU	ENCE OF	ing source	undetermin	ued	
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3 shows any	CERTIFICATION	% DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED		IF YES, WERE FIN CERTIFYING CAUS YES	
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Ngan		226 SIGNATURE	Manuel	1	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN [7/	8/80
IMPORTANT:		Richard F	Manegold. M.	D	22e ADDRESS	Md. 21601		
3 ≤ 2	3r. Bl	PRIAL, CREMATION, REMOVAL		NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
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A Committee of the Comm

Pichard F. Manegold, M.D. Baston, Md. 21601

2/8/80

Company Company

Easton. Md.

Newnam Funeral Home

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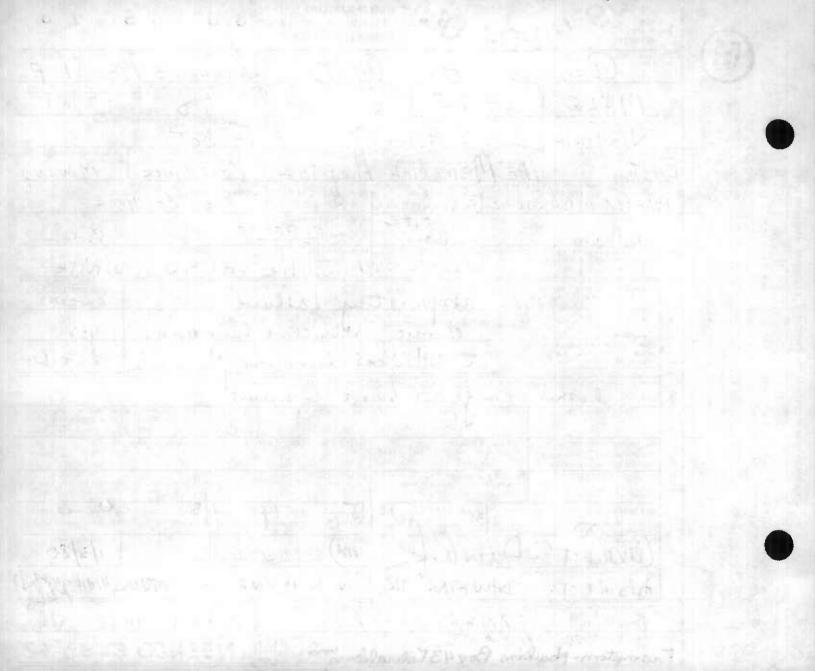
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENES

